Name in Full Alonzo Anderson

Certificate of Death

Died at Town Ridgely County Caroline MARYLAND

Date 1898 Month 11 Day 24 Age Y. M. D. Native of Occupation

Male White Married Widow Divorced

[redacted] Colored Single Widower Number of children living

Husband of Wife

Father's Name

Mother's Name 22a

Cause of Death Primary Consumption How long sick

Immediate Accident, Suicide, Homicide

Reported by Denton Journal 11-26

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78706

†Rev. F. F. Carpenter, Hillsboro. [illegible]

Buried in Hillsborough cemetery

Name in Full | Certificate of Death

Earle Cohee

Died at Town: Near Denton | County: Caroline Co. | MARYLAND

Date 1898 | Month: Nov | Day: 23 | Age Y. M. D.: About 21 | Native of: Md. | Occupation: Laborer

Male | White | ~~Married~~ | ~~Widow~~ | ~~Divorced~~

~~Female~~ | ~~Colored~~ | Single | ~~Widower~~ | ~~Number of children living~~

~~Husband~~ ~~of~~

~~Wife~~

Father's Name: Dont know | Mother's Name: Dont know

Cause of Death:
- Primary: Typhoid Fever
- Immediate: Perforation of Intestines

How long sick: 6 weeks

~~Accident, Suicide, Homicide~~

Reported by: P R Fisher M.D.

Address: Denton Md.

Must be signed by physician, if any in attendance, otherwise by coroner, underteker or minister.

LIBRARY BUREAU, 79706

Name in Full

Mary Elisabeth Collison

Certificate of Death

Died at Town: Williston County: Caroline MARYLAND

Date 1898 Month: Nov. Day: 5 | Age Y. 64 M. 9 D. 24 | Native of Caroline | Occupation

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

~~Husband~~ of ~~Wife~~

Father's Name: William Collison

Mother's Name: Rebecca Collison

Cause of Death: Primary: Chronic Bowel Trouble — How long sick: 4 weeks in bed

Immediate:

Accident, Sulcide, Homicide

87

Reported by F. J. Cochran - Pastor M. E. Church

Address Williston — Caroline Co: Maryland

Must be signed by pnysician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Dr. Ward replied that he was called in 2 mos before only and did not know until [illegible] after that she was [illegible]

Attended by Dr. Ward of Andersontown, Maryland

The Dr. was called in once only.

The undertaker was Mr. Cooper,

of Denton, Maryland

Information contained in this certificate received from Rev. F. J. Cochran

of Williston, Caroline Co., Md.

and sent because Dr. John S. Fulton sent to me for the information.

Name in Full Elizzie Dobson

Certificate of Death

Died at Town Denton County Caroline MARYLAND

Date 189 8 Month Nover Day 18 Age Y. 78 M. D. Native of Maryland Occupation

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of ~~Edward~~

Wife

Father's Name Edward Dobson Mother's Name Elizabeth Dobson

Cause of Death Primary Parletick 42 How long sick 3 owers

Immediate Accident, Suicide, Homicide

Reported by G. Nowell undertaker

Address Denton Caroline Ca

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65063

P.C.

No doctor.

Name in Full | Certificate of Death

Isaac B. Fleetwood

Died at Town: American Corners County: Caroline MARYLAND

Date 1898 Month: Nov. Day: 4 | Age Y. 54 M. 4 D. | Native of | Occupation

Male | White | Married | Widow | Divorced

Female | Colored | Single | Widower | Number of children living

Husband / Wife of

Father's Name: Isaac C. Fleetwood | Mother's Name

Cause of Death: Primary: Consumption 22a | How long sick

Immediate | Accident, Suicide, Homicide

Reported by: Federalsburg Courier Nov. 12

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full

Certificate of Death

Elizabeth White Goslin

Died at Town: Federalsburg County: Caroline MARYLAND

Date 189 Month: 11 Day:

Age Y. 83 M. D.

Native of

Occupation

~~Male~~ / Female

White / ~~Colored~~

~~Married~~ / Single

~~Widow~~ / ~~Widower~~

~~Divorced~~

~~Number of children living~~

Husband of Wife

Father's Name

Mother's Name

Cause of Death: Primary 161

Immediate

How long sick

Accident, Suicide, Homicide

Reported by Denton Journal 11-26

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 79706

Nama in Full | Certificate of Death

Wm M. Lowe

Died at Town Denton County Caroline MARYLAND

Date 1898 Month Nov. Day 29 | Age Y. 74 M. D. | Native of Delaware | Occupation Merchant

Male | White | Married | Widow | Divorced

Female | Colored | Single | Widower | Number of children living

Husband of Wife

Father's Name | Mother's Name

Cause of Death: Primary 161 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Free Press. Dec 2nd

Address

Must ba signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full — Certificate of Death

Lillie M. Todd.

Died at Town: Fredericksburg County: Caroline MARYLAND

Date 189 8 Month: 11 Day: 10 Age Y. 20 M. 2 D. 14 | Native of | Occupation

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ Widower | ~~Divorced~~ ~~Number of children living~~

Husband / Wife of

Father's Name: E. F. Todd

Mother's Name

Cause of Death: Primary 161 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Courier Fredericksburg

Address 11-12

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 72700

Mt. Pleasant Cemetery

Dr. Giering.

Name in Full

Certificate of Death

Peter Willis

Died at Town Harmony County Caroline MARYLAND

Date 1898 Month 11 Day 10 Age Y. 75 M. about D. Native of Md Occupation Farmer

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 5

Husband / Wife of Martha Willis 77

Father's Name Peter Willis Mother's Name Mary Willis

Cause of Death: Primary Aag & Pulm ~~or~~ any trouble How long sick 10 years

Immediate Gradgual loss of vitality ~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by Wm H Willis Undertaker

Address Preston Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65889

Name in Full

Certificate of Death

Virgie Mary Wilson

Died ~~at~~ Mary Town Marydel County Caroline MARYLAND

Date 1898 Month Nov Day 30 Age Y. 10 M. 7 D. 2 Native of Md Occupation School Girl

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

Female Colored Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name Charles Wilson Mother's Name Catherine Scribner

Cause of Death { Primary Diphtheria 8a How long sick 5 da.

Immediate Exhaustion ~~Accident, Suicide, Homicide~~

Reported by Jas. E. Golley M.D

Address Templeville Caroline Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 65068